

TOWN OF WEBSTER
COMPLAINT FORM
DISCRIMINATION AND HARASSMENT (INCLUDING SEXUAL HARASSMENT)

This form is to be used to document any complaint of alleged discrimination and/or harassment, including sexual harassment, as outlined in the policy. Once you complete this form, please submit it to the appropriate individual as outlined in the policy. If you are more comfortable reporting the allegations verbally or in another manner, refer to your policy for guidance. Once you submit this complaint, the Town will commence an investigation pursuant to its policy.

Name of Complainant:	Department:
Name(s) of individual engaging in alleged discrimination and/or harassment including sexual harassment:	Department:
Describe the specific incident of discrimination and/or harassment alleged. Describe each incident separately, including dates, times and locations. If you cannot remember exact dates, times or locations, provide approximations. Use additional pages if necessary.	
Are there others who may have witnessed this alleged discrimination and/or harassment? If so, provide their name(s).	

Are there others who may have experienced similar alleged discrimination and/or harassment by the individual named above? If so, provide their name(s).

Did you tell anyone about your experience after the alleged incident(s)? If yes, provide their name(s).

Did you speak to the individual named in this report about the alleged discrimination and/or harassment? If yes, what was his or her response?

Complainant Signature*: _____

Date: _____

Print Name: _____

Job Title: _____

*I understand that the Town of Webster prohibits any individual from retaliating against me for filing a complaint and that I am to report such retaliation pursuant to the Town's policy.

Signature of Person Receiving Complaint: _____

Date: _____

Print Name: _____

Job Title: _____